



Benefits Guide Effective September 1, 2021

Helping you make informed choices about
your employee benefits.



Updated as of July 13, 2021

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Summit School District RE-1 is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week. The complete benefits package is briefly summarized in this booklet. You will have access to plan booklets on our online enrollment system, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), Summit School District RE-1 provides other benefits at no cost to you (life, accidental death & dismemberment (AD&D)). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Some of the Benefits Summit School District Offers include...

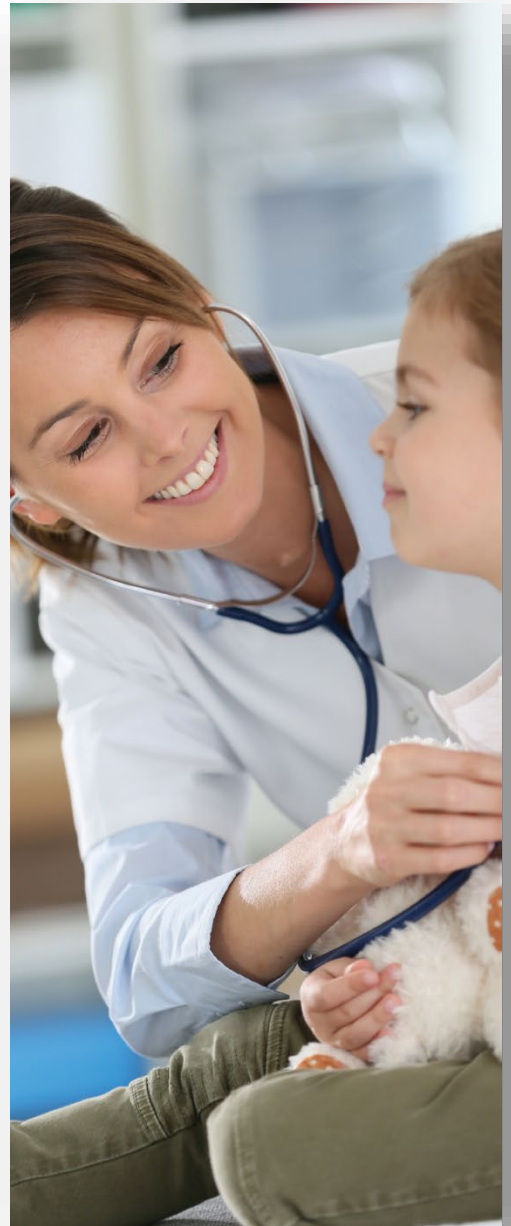
- » Medical
- » Prescription Drug
- » Dental
- » Vision
- » District Paid Life and AD&D Insurance
- » Voluntary Employee, Spouse, and Child Life and AD&D Insurance
- » Flexible Spending Accounts (FSA) – Medical and Dependent Care
- » Health Savings Account (HSA)
- » Employee Assistance Plan (EAP)
- » Telemedicine Services
- » Cigna OneGuide (Patient Advocacy Services)
- » Wellness Program
- » Other Voluntary Benefits (Voluntary Accident, Critical Illness, STD, Life with Long Term Care, Hospital Indemnity)

Eligibility

Eligible Employees and their dependents are eligible for Summit School District RE-1 benefits on the first day of the month following your date of hire by the District.

Eligible dependents are your legal spouse (including domestic partners), and children under age 26 (including disabled dependents of any age).

Elections made at the time of hire or during open enrollment will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days of the event



2021-22 Health Benefit Plan Changes

Plan changes will be effective September 1, 2021

OPEN ENROLLMENT 2021-2022

- Employees working 30+ hours per week are eligible for benefits
- Open enrollment will occur August 2, 2021 – August 23, 2021 (4:00 p.m.)
- Any Open Enrollment changes for our 2021-22 benefits will again be processed through your iVisions Employee portal
- This will be a **PASSIVE** open enrollment year – so, with the exception of the Flexible Spending Accounts (see below), you will only need to go into iVisions if you want to make changes in the way you are enrolled today. For example:
 - Change Plans
 - Add Dependents
 - Remove Dependents
 - Come onto the plan
 - Go off of the plan
- **Please note that you must re-elect for Flexible Spending Account (FSA) in 2021-22 as your existing election will not roll-over**

MEDICAL BENEFITS - UPDATES

- Current Healthy Measures Plan and HDHP/HSA Plan will remain unchanged.
- Two buy-up option plans will be added – Healthy Measures **PLUS** and HDHP/HSA **PLUS**

ACUPUNCTURE & CHIROPRACTIC

- Out-of-network acupuncture and chiropractic services will continue to be covered at the in-network benefit level
Reminder – though this benefit is paid as if it were in-network, the provider still has the ability to balance-bill what is not covered by your plan

DEDUCTIBLE REIMBURSEMENT PLAN (DRP):

- Effective September 1, 2021, the DRP plan will be eliminated. However, you are still encouraged to take advantage of preventive visits covered at 100% on all plans.

BENEFIT PLAN FEATURES:

Telemedicine (MDLive)

- 24/7 Medical and Mental Health Consultations – Access to Board Certified, U.S. Physicians, Licensed Counselors and Psychiatrists by Phone, Email or Live Online Chat
- Charge of \$55 will apply for HDHP/HSA Plan Participants (due at the time of service)

Patient Advocacy (Cigna One Guide)

- Your support and guidance on how your coverage works including, education on health plan features and finding the right doctor
- Support also includes connection to health coaches

Patient Assurance Program (Diabetes Management)

- This new program controls the cost of **eligible** insulin products
- A 30-day (or one month) supply costs no more than \$25
- A 90-day (or three month) supply costs no more than \$75
- Covered insulin products are Basaglar, Humalog, Humulin, and Levemir

HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

- \$2,750 annual limit on salary reduction contributions to health flexible spending accounts (FSA's)
- There are no changes to the dependent care FSA annual maximum limit of \$5,000 (or \$2,500 if married and filing separately)
- You are not eligible for this plan if you are covered on a high deductible health plan AND contribute to an HSA

HEALTH SAVINGS ACCOUNT (HSA) LIMITS

- Per IRS Regulations, the maximum HSA contribution levels for Calendar Year 2021 are as follows:
 - Individual: \$3,600
 - Family: \$7,200
 - Catch-Up (Over age 55): +\$1,000

DENTAL and VISION BENEFITS

- The District will continue to offer you a choice of TWO different dental plans with Cigna
- In the buy-up plan, orthodontia is covered for dependent children **up to age 19**
- Vision benefits are with Cigna and will still utilize the VSP network of providers

VOLUNTARY BENEFITS

- Voluntary Benefit Options – If you are interested in adding any of these benefits, please log into iVisions for additional information, including costs. Benefits available include:
 - Voluntary Life and AD&D - Cigna
 - Accident Benefit - Cigna
 - Critical Illness (with Cancer) Benefit - Cigna
 - Hospital Indemnity Benefits - Cigna
 - Life Insurance with Long Term Care - Trustmark
 - Short-Term Disability - Cigna
 - Pet Insurance - ASPCA
 - ID Theft - Identity Guard

MONTHLY PREMIUMS

Health, Dental & Vision

- The Employee contributions to the Medical plans will increase by 10% for all tiers for the 2021-22 plan year. If you choose to elect one of the PLUS plans, you will have to pay the difference in plan cost. There will be no increase in cost for the dental nor the vision plan.

You will only need to log-in to the enrollment system for the 2021-22 plan year if you need to make changes to your existing enrollment or make an election for the Flexible Spending Account or Health Savings Account.



Medical Benefits - HDHP Plans

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury.

Note: Your out-of-pocket costs will be less when using facilities within the Cigna PPO OAP network and can be significantly less by using Summit St. Anthony and PeakOne Surgery Center (Centura).

	Cigna HSA OAP Plan		Cigna HSA OAP Plus Plan **NEW**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible (Single/Family)	\$2,800 / \$5,600 Embedded	\$5,000 / \$10,000 Embedded	\$1,400 / \$2,800 Aggregating*	\$5,000 / \$10,000 Aggregating*
Annual Out-Of-Pocket Maximum (Single/Family – Includes Deductible And Copays)	\$5,600 / \$11,200 Embedded	\$10,000 / \$20,000 Embedded	\$5,600 / \$11,200 Embedded	\$10,000 / \$20,000 Embedded
Coinsurance	You Pay 20% Plan Pays 80%	You Pay 40% Plan Pays 60%	You Pay 20% Plan Pays 80%	You Pay 50% Plan Pays 50%
Doctor’s Office				
Primary Care Office Visit	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Specialist Office Visit	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Preventive Care	Plan Pays 100%	40% After Deductible	Plan Pays 100%	50% After Deductible
Cigna Telehealth Connection	20% After Deductible	Not Covered	20% After Deductible	Not Covered
Urgent Care (Includes Lab/X-Ray)	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Prescription Drugs	Retail (30 Day Supply)	Mail Order (90 Day Supply)	Specialty (30 Day Supply ONLY)	
Retail—Generic	20% After Deductible	Not Covered	20% After Deductible	Not Covered
Retail—Preferred Brand				
Retail—Non-Preferred Brand				
Retail And Mail Order – Specialty				
Mail Order—Generic				
Mail Order—Preferred Brand				
Mail Order—Non-Preferred Brand				
Hospital Services				
EmergencyRoom	You Pay 20% After In-Network Deductible		You Pay 20% After In-Network Deductible	
Inpatient Hospitalization	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Inpatient Professional Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Surgery	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Ambulance Service	You Pay 20% After In-Network Deductible		You Pay 20% After In-Network Deductible	

**Important: New Plus plan has an aggregating family deductible, which means if you enroll as a single employee on the Plus plan, your deductible is \$1,400. However, if you enroll with ANY dependents on the Plus plan, one or a combined total of your family members must meet the full family deductible before the plan begins to pay.*

	Cigna HSA OAP Plan		Cigna HSA OAP Plus Plan **NEW**	
	In-Network	In-Network	In-Network	Out-Of-Network
Mental Health Services				
Inpatient Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Substance Abuse Services				
Inpatient Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Other Services – Service Limitations Are Combined In And Out Of Network Unless Otherwise Specified				
Chiropractic Services (Limited To 20 Visits Per Plan Year)	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Outpatient Physical Therapy (Limited To 20 Visits Per Plan Year)	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Speech Therapy (Limited To 20 Visits Per Plan Year)	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Occupational Therapy (Limited To 20 Visits Per Plan Year)	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Pulmonary Rehab And Cognitive Therapy (Limited To 20 Visits Per Plan Year)	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Cardiac Rehabilitation (Limited To 36 Visits Per Plan Year)	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Lab & X-Ray In Physician's Office	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Radiology And Advanced Radiology Imaging At Outpatient Facility	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Lab Tests At Independent Lab	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Advanced Radiology Imaging Services (Includes MRI, MRA, PET, CT & Nuclear Medicine)	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible



Medical Benefits – PPO Plans

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury.

Note: Your out-of-pocket costs will be less when using facilities within the Cigna PPO OAP network and can be significantly less by using Summit St. Anthony and PeakOne Surgery Center (Centura).

	Cigna Healthy Measures OAP Plan		Cigna Healthy Measures OAP Plus Plan **NEW**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible (Single/Family)	\$2,500 / \$5,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$5,000 / \$10,000
Annual Out-Of-Pocket Maximum (Single/Family – Includes Deductible And Copays)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000
Coinsurance	You Pay 20% Plan Pays 80%	You Pay 40% Plan Pays 60%	You Pay 20% Plan Pays 80%	You Pay 50% Plan Pays 50%
Doctor’s Office				
Primary Care Office Visit	\$35 Copay	40% After Deductible	\$25 Copay	50% After Deductible
Specialist Office Visit	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Preventive Care	Plan Pays 100%	40% After Deductible	Plan Pays 100%	50% After Deductible
Cigna Telehealth Connection	Plan Pays 100%	Not Covered	Plan Pays 100%	Not Covered
Urgent Care (Includes Lab/X-Ray)	\$50 Copay	40% After Deductible	\$50 Copay	50% After Deductible
Prescription Drugs	Retail (30 Day Supply)	Mail Order (90 Day Supply)	Specialty (30 Day Supply ONLY)	
Retail—Generic	\$10 Copay	Not Covered	\$10 Copay	Not Covered
Retail—Preferred Brand	You Pay 30%		\$35 Copay	
Retail—Non-Preferred Brand	You Pay 50%		\$50 Copay	
Retail And Mail Order – Specialty	You Pay 30% To \$250 Max.		\$100 Copay	
Mail Order—Generic	\$25 Copay		\$20 Copay	
Mail Order—Preferred Brand	You Pay 25%		\$70 Copay	
Mail Order—Non-Preferred Brand	You Pay 45%		\$100 Copay	
Hospital Services				
EmergencyRoom	You Pay 20% After In-Network Deductible		\$150 Copay	
Inpatient Hospitalization	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Inpatient Professional Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Surgery	20% After Deductible	40% After Deductible	20% After Deductible	60% After Deductible
Ambulance Service	You Pay 20% After In-Network Deductible		You Pay 20% After In-Network Deductible	

	Cigna Healthy Measures OAP Plan		Cigna Healthy Measures OAP Plus Plan **NEW**	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Mental Health Services				
Inpatient Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Services	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Substance Abuse Services				
Inpatient Services	20% After Deductible	40% After Deductible	20% After Deductible	50% After Deductible
Outpatient Services	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Other Services – Service Limitations Are Combined In And Out Of Network Unless Otherwise Specified				
Chiropractic Services (Limited To 20 Visits Per Plan Year)	\$35 Copay	\$35 Copay	\$35 Copay	20% After Deductible
Outpatient Physical Therapy (Limited To 20 Visits Per Plan Year)	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Outpatient Speech Therapy (Limited To 20 Visits Per Plan Year)	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Outpatient Occupational Therapy (Limited To 20 Visits Per Plan Year)	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Outpatient Pulmonary Rehab And Cognitive Therapy (Limited To 20 Visits Per Plan Year)	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Outpatient Cardiac Rehabilitation (Limited To 36 Visits Per Plan Year)	\$35 Copay	40% After Deductible	\$35 Copay	50% After Deductible
Lab & X-Ray In Physician's Office	Included In Office Visit Copay	40% After Deductible	Plan Pays 100% (Must be ordered by a physician)	50% After Deductible
Radiology And Advanced Radiology Imaging At Outpatient Facility	20% After Deductible	40% After Deductible	\$150 Copay	50% After Deductible
Lab Tests At Independent Lab	20% After Deductible	40% After Deductible	Plan Pays 100% (Must be ordered by a physician)	50% After Deductible
Outpatient Advanced Radiology Imaging Services (Includes MRI, MRA, PET, CT & Nuclear Medicine)	20% After Deductible	40% After Deductible	\$150 Copay	50% After Deductible



Dental Benefits

Administered by Cigna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the District dental benefit plans. Your benefit dollars go further when using a Cigna in-network dental provider.

Services	Base Plan	Buy-Up Plan
Plan Year Deductible (Single / Family)	\$50 / \$150	\$50 / \$150
Deductible Applies To	Basic & Major Services Only	Basic & Major Services Only
Plan Year Benefit Maximum Per Covered Person	\$1,500	\$1,500
Preventive Dental Services (Cleanings, Exams, X-Rays)	Plan Pays 100%	Plan Pays 100%
Basic Dental Services (Fillings, Extractions, Periodontics, Endodontics, Oral Surgery)	Plan Pays 80%	Plan Pays 80%
Major Dental Services (Crowns, Bridges, Dentures, Implants)	Plan Pays 50%	Plan Pays 50%
Orthodontia Services (Covered to Age 19)	Not Covered	Plan Pays 50% to Maximum Lifetime Benefit of \$1,500



District Paid Life and Accidental Death & Dismemberment Insurance

Administered by Cigna

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Summit School District RE-1. The District provides you basic life insurance of \$20,000 at no cost to you regardless of whether or not you participate in the medical plans offered by Summit School District RE-1.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Summit School District RE-1 provides AD&D coverage of \$20,000 at no cost to you. This coverage is in addition to your district-paid life insurance described above.

Voluntary Life and Accidental Death & Dismemberment Insurance

Administered by Cigna

You may purchase voluntary life and AD&D insurance in addition to the company provided coverage. You may also purchase voluntary Life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are **first eligible**. Coverage is not effective until evidence of insurability is approved by Cigna.

Employee - \$10,000 increments up to a maximum of five times your salary or \$500,000, whichever is less

Guaranteed Issue: \$80,000

Spouse - \$5,000 increments up to a maximum of \$250,000, not to exceed 50% of employees benefit amount

Guaranteed Issue: \$25,000

Children (until age 26) - \$1,000 increments up to \$10,000

Guaranteed Issue: up to \$10,000

Age	Employee Per Month	Spouse Per Month
Voluntary Life – Cigna (rate per \$1,000 of coverage)		
0 – 19	\$0.700	\$0.350
20 – 24	\$0.700	\$0.350
25 – 29	\$0.800	\$0.400
30 – 34	\$1.000	\$0.500
35 – 39	\$1.100	\$0.550
40 – 44	\$1.200	\$0.600
45 – 49	\$1.700	\$0.850
50 – 54	\$2.500	\$1.250
55 – 59	\$4.500	\$2.250
60 – 64	\$6.800	\$3.400
65 – 69	\$12.90	\$6.450
70 – 99	\$20.80	~

- If you did not enroll in the benefit when you were first eligible (i.e. within 31 days after being hired) you will be required to submit Evidence of Insurability (EOI) for all benefits requested.
- If you enrolled in benefits when you were first eligible and want to increase your benefit above the Guaranteed Issue limit, you will be required to submit an Evidence of Insurability (EOI).
- If you enrolled in benefits when you were first eligible and want to increase your coverage during subsequent Open Enrollment, you may do so by up to 2 increments to the Guaranteed Issued Amount without providing Evidence of Insurability (EOI).

Vision Insurance

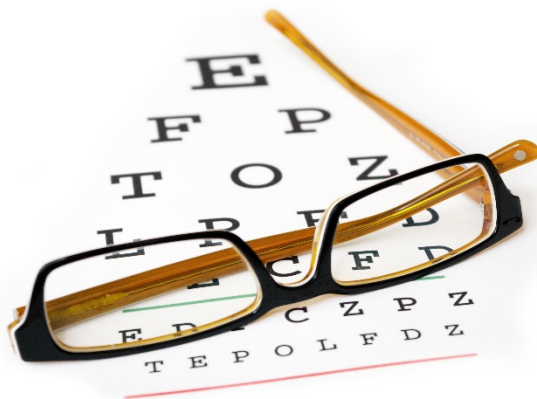
Administered by Cigna

Regular eye examinations cannot only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP provider

Service	In-Network (Using VSP Network)	Out-Of-Network (Any Qualified Provider Of Your Choice)
Eye Exam — Once Every 12 Months	\$10 Copay; Covered In Full	Reimbursed Up To \$60 Allowance
Lenses — Once Every 12 Months		
Single Vision Lenses	\$30 Copay	Reimbursed Up To \$40 Allowance
Lined Bifocal Lenses	\$30 Copay	Reimbursed Up To \$65 Allowance
Lined Trifocal Lenses	\$30 Copay	Reimbursed Up To \$75 Allowance
Lenticular Lenses	\$30 Copay	Reimbursed Up To \$100 Allowance
Progressive Lenses	\$30 Copay	Reimbursed Up To \$75 Allowance
Frames — Once Every 24 Months	Covered Up To A \$150 Allowance	Reimbursed Up To \$83 Allowance
Contact Lenses — Once Every 12 Months If You Elect Contacts Instead Of Lenses/Frames	Covered Up To A \$130 Allowance	Reimbursed Up To \$105 Allowance

No need for an ID card. To take advantage of your Cigna vision benefit, simply contact a Cigna provider and let them know you have Cigna coverage—they handle the paperwork for you.



Flexible Spending Accounts (FSA)

Administered by Rocky Mountain Reserve

Summit School District RE-1 provides you the opportunity to fund for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year September 1, 2021 through August 31, 2022. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical, dental and vision expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

IMPORTANT: If you are enrolled in the District's HSA medical plan (or another High Deductible Health Plan with HSA), you are ONLY eligible to enroll in the limited purpose FSA (dental and vision expenses ONLY). If you are not enrolled in our medical plan or are enrolled in your spouses or another PPO plan (non-HDHP), then you are able to enroll in the full FSA plan at the District.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed, with the exception of \$500 which can be rolled over to the new plan year, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Health Care Flexible Spending Account is \$2,750.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

The following example shows how you can save money with a flexible spending account.

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to direct a total of \$5,300 into their FSAs.

	Without FSAs	With FSAs
Gross income:	\$30,000	\$30,000
FSA contributions:	0	-5,000
Gross income:	30,000	25,000
Estimated taxes:		
Federal	-2,550*	-1,776*
State	-900**	-750**
FICA	-2,295	-1,913
After-tax earnings:	24,255	20,314
Eligible out-of-pocket		
Medical and dependent care expenses:	-5,000	0
Remaining spendable income:	\$19,255	\$20,561
Spendable income increase:	N/A	\$1,306

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

**Assumes standard deductions and four exemptions.*

***Varies, assumes 3 percent.*

Health Savings Accounts (HSA)

Administered by Health Equity

When enrolling in the Cigna HSA OAP plan, Summit School District RE-1 provides you the opportunity to open and contribute to a Health Savings Account (HSA). Please refer to the pages at the end of this guide for more information about opening your HSA.

Employee Contributions for Medical Benefits

Benefit Plan	Per Month
Medical/Rx – Cigna HSA OAP	
Employee Only	\$55.00
Employee / Spouse	\$498.00
Employee / Employee	\$110.00
Employee / Child(ren)	\$492.00
Employee / Family	\$661.00
Employee / Employee / Family	\$547.00

Benefit Plan	Per Month
Medical/Rx – Cigna Healthy Measures OAP	
Employee Only	\$121.00
Employee / Spouse	\$601.00
Employee / Employee	\$242.00
Employee / Child(ren)	\$589.00
Employee / Family	\$991.00
Employee / Employee / Family	\$710.00

NEW	
Benefit Plan	Per Month
Medical/Rx – Cigna HSA OAP Plus	
Employee Only	\$116.00
Employee / Spouse	\$599.00
Employee / Employee	\$210.00
Employee / Child(ren)	\$592.00
Employee / Family	\$776.00
Employee / Employee / Family	\$662.00

NEW	
Benefit Plan	Per Month
Medical/Rx – Cigna Healthy Measures OAP Plus	
Employee Only	\$292.00
Employee / Spouse	\$880.00
Employee / Employee	\$522.00
Employee / Child(ren)	\$865.00
Employee / Family	\$1,359.00
Employee / Employee / Family	\$1,077.00

Employee Contributions for Dental, and Vision Benefits

Benefit Plan	Per Month
Dental – Cigna – Base Plan	
Employee	\$5.00
Employee / Spouse	\$39.00
Employee / Employee	\$8.00
Employee / Child(ren)	\$35.00
Employee / Family	\$67.00
Employee / Employee / Family	\$36.00
Dental – Cigna – Buy-Up Plan	
Employee	\$5.00
Employee / Spouse	\$39.00
Employee / Employee	\$8.00
Employee / Child(ren)	\$45.00
Employee / Family	\$77.00
Employee / Employee / Family	\$46.00

Benefit Plan	Per Month
Vision – Cigna	
Employee	\$6.55
Employee + 1 (spouse or child)	\$13.11
Employee / Children	\$13.23
Family	\$21.13
Benefit Plan	Employee Cost Per Month
\$20,000 Life & AD&D	\$0.00

Contact Information

If you have specific questions about a benefit plan, please contact the vendors listed below, or your human resources department.

Benefit	Administrator	Phone	Website/Email
Medical / Prescription Drug	Cigna	800-244-6224	www.mycigna.com Group Number: 3340975
Dental			
Cigna Telehealth Services	MDLIVE	MDLIVE: 888-726-3171	
Cigna One Guide (Member Advocacy Services)	Cigna	Pre-Enrollment Line: 888-806-5042 Cigna participants: 800-244-6224	
Employee Assistance Plan (EAP)	Cigna	877-622-4327	
Vision		877-478-7557	
District Paid Life and AD&D		800-362-4462	
Voluntary Life and AD&D			
Accident			
Critical Illness			
Hospital Indemnity			
Short-Term Disability			
Life with Long Term Care	Trustmark	800-918-8877	www.trustmarksolutions.com
Pet Insurance	ASPCA	877-343-5314	www.aspcapetinsurance.com/Summit
ID Theft	Identity Guard	855-443-7748	www.identityguard.com
COBRA Information	Rocky Mountain Reserve	888-722-1223	http://www.rockymountainreserve.com
Flexible Spending Accounts (FSA)			
Health Savings Accounts (HSA)	Health Equity	866-346-5800	http://www.healthequity.com

To participate in the District sponsored benefit programs, employees must meet **BOTH** of the following eligibility requirements:

You must be a Full-Time Employee who is regularly employed 30 or more hours per week during the regularly scheduled work week for the position; AND your normal monthly District net pay must be sufficient to pay the costs for the coverage you select (net pay equals gross pay minus PERA and state/federal/Medicare taxes).

Pre-tax OR Post-tax contributions? All contributions will be made on a pre-tax basis, unless otherwise elected in writing and submitted to Human Resources. If your contributions are made on a pre-tax basis, the IRS does not permit mid-plan year election changes unless they are due to qualified change of status events such as marriage, divorce, birth/adoption, etc. However, if you elect your contributions to be made on a post-tax basis, you may drop (not add) coverage for yourself and your dependents without a qualified change in status event during the Plan Year by notifying Human Resources in writing. Subsequent re-enrollment in the plan under this circumstance is only permitted at open enrollment.

You will only need to log-in to the enrollment system for the 2021-22 plan year if you need to make changes to your current enrollment status and to make an election for the Flexible Spending Account or Health Savings Account. Enrollment changes must be submitted no later than 4:00 p.m. August 23, 2021.



What the Summit School District RE-1 and St. Anthony Summit Medical Center (Centura) partnership means for you:

If you are enrolled in the Summit School District Medical Benefit Plans - your Out-of-Pocket expenses for facility charges incurred at select facilities are greatly discounted (see HR for a complete list of those facilities).

Hospital and Outpatient Surgery Discounts

Summit School District RE-1 **Employees and Dependents** will have access to an **Increased Discount** of Billed Charges for inpatient and outpatient services provided at St. Anthony Summit Medical Center (SASMC) and **PeakOne Surgery Center**. This results in a lower out-of-pocket expense!

Outpatient Pricing

Additionally, Summit School District RE-1 Employees and Dependents will receive specific fixed pricing for the following procedures performed at St. Anthony Summit Medical Center:

FIXED PRICING FOR HIGH TECH. DIAGNOSTICS AT SASMC:

- MRI/MRA Services
- CT Scan Services
- Mammograms
- Diagnostic Imaging Services

FIXED PRICING FOR EMERGENCY ROOM SERVICES AT SASMC:

- Level 1-5
- Critical Care

SPECIFIC PRICING FOR CENTURA OWNED URGENT CARE:

- Centura owned Urgent Care facilities – See HR for listing

FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in the Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH OUR NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "Not a Cigna Customer Yet?" select "Plans through your employer or school."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current network. To search other networks, use the **Cigna.com** directory.)



Step 2

Enter the geographic location you want to search.



Step 3

Optional – Select one of the plans offered by your employer during open enrollment.



Step 4

Enter a name, specialty or other search word. Click on one of our type ahead suggestions or the magnifying glass icon to see your results.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to **myCigna.com** – your one-stop source for managing your health plan, anytime, just about anyplace. On **myCigna.com**, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call

Together, all the way.®



Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

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COMPARE MEDICATION COSTS BEFORE YOU FILL.

Use the Price a Medication feature on the myCigna® app or website.

When it comes to medication costs, no one likes surprises.

With the Price a Medication feature on the **myCigna®** app or website, you can see how much your medication costs before you get to the pharmacy counter – or even before you leave your provider’s office.

- **Compare the price of your medication** at retail pharmacies in your plan’s network, as well as through home delivery.^{1,2}
- **View lower-cost alternatives**, if available.
- **See which medications your plan covers.**
- **View your costs for a 30-day and 90-day supply**, depending on what your plan allows.
- **Find out if your medication needs approval** before your plan will cover it.

To get started, log in to your myCigna account.

1. Click on the “Find Care & Costs” tab.

2. Click on the box for “Price a Medication.”

3. Type your medication name into the search bar that appears below the blue boxes. Then select your medication name from the dropdown list.

4. Add the details about your medication. Click on each dropdown. Then click “Next.”

1. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

2. Not all plans offer home delivery as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan’s network.

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5. A box will pop up on your screen. **Select your day supply and amount of medication you take** from the dropdown lists. Then click “Update.”

7. You can also choose to click on “Show Math” to see a breakdown of costs.

6. **Review your medication options.** Choose the medication you want and click “View Results.” You’ll then get pharmacy and pricing information. **Remember, the price of a medication can be different from one pharmacy to another, so shop wisely.**

Images are used for illustrative purposes only. Your plans actual costs and participating pharmacies may vary. Please refer to your plan materials for coverage details.

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90-DAY PRESCRIPTION FILLS



Filling your medications just got easier with the Cigna 90 Now program

You have a lot going on. Remembering to pick up your refill each month isn't always easy. We have a program that can help – it's called Cigna 90 NowSM.

The **Cigna 90 Now** program makes it easier for you to fill your maintenance medications. These are the medications you take every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma. With the Cigna 90 Now program, you have the choice of how and where you want to fill your prescriptions.

You choose the amount. A 30-day or 90-day supply.

- › If you choose to fill a 30-day supply, you can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- › If you choose to fill a 90-day supply,¹ you can use select in-network retail pharmacies that are approved to fill 90-day prescriptions. You can also use home delivery (if your plan allows).²



A 90-day supply helps make life easier

You'll make fewer trips to the pharmacy for refills. And you're more likely to stay healthy because with a 90-day supply on-hand, you're less likely to miss a dose.³

You choose the pharmacy. Retail or home delivery.²

There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. **Every pharmacy in your plan's network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions.** Here are some of the retail pharmacies in your plan's network that can fill a 90-day prescription.⁴ You can also go to **Cigna.com/Rx90network** to find more pharmacies in your plan's network.

- › **CVS** (including Target and Navarro)
- › **Walmart**
- › **Kroger** (including Harris Teeter Pharmacy, Pick N Save Pharmacy, Fred Meyer Pharmacy, Fry's Food and Drug)
- › **Access Health** (including Benzer Pharmacy, Marcs, Big Y Pharmacy, Marsh Drugs, LLC, Snyder Drug Emporium)
- › **Elevate Provider Network** (including Super RX Pharmacy, Medical Center Pharmacy, Family Pharmacy, King Kullen Pharmacy)
- › **Cardinal Health** (including Freds Pharmacy, Medicine Shoppe Pharmacy, Medicap Pharmacy)

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Offered by Cigna Health and Life Insurance Company or its affiliates.

Use home delivery and get your medication delivered to your door, and more.²

Home delivery may be a convenient option when you're taking a medication every day to treat an ongoing health condition. Our home delivery pharmacy will ship your medication to you at no extra cost. And they'll send you reminders so you don't miss a dose. To get started using home delivery, call **800.835.3784**.



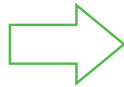
Questions?

Call the number on your Cigna ID card. You can also chat with us online on the **myCigna®** website, Monday–Friday, 9:00 am–8:00 pm EST.

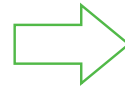
90-Day Fills



Ask your doctor for a 90-day prescription for your medication



Take your prescription to an in-network retail pharmacy that's approved to fill 90-day supplies, or mail it in to home delivery²



Get a 90-day (or three month) supply for convenience

30-Day Fills



Ask your doctor for a 30-day prescription for your medication



Take your prescription to any retail pharmacy in your plan's network



Get your medication



1. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
2. Not all plans offer home delivery as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
3. Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna national book of business average medication adherence (customer adherent > 80% PDC), 90-day supply vs. those who received a 30-day supply taking antidiabetics, RAS antagonist and statins.
4. Participating Cigna 90 Now pharmacies as of July 2019. Subject to change.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.

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PAY \$0 FOR SELECT SPECIALTY MEDICATIONS



Participate in the SaveonSP program

Specialty medications can cost a lot of money. That's why your plan offers a program called SaveonSP,¹ which can help lower your out-of-pocket costs to \$0. And there's no extra cost to participate.²

Enroll in SaveonSP and save.

Certain specialty medications are eligible for the SaveonSP program.³ If you're filling an eligible medication, a representative from SaveonSP will call you to talk about enrolling in the program.

If you choose to participate, you'll pay \$0 for your medication. If you choose not to participate in SaveonSP, you'll pay a higher copay when you fill your medication.

Conditions supported by SaveonSP include, but are not limited to:

- › Hepatitis C
- › Multiple Sclerosis
- › Psoriasis
- › Inflammatory Bowel Disease
- › Rheumatoid Arthritis
- › Oncology



Here's an example of how it works.⁴

John's taking a specialty medication that's eligible for the SaveonSP program. His copay is currently \$70. His new copay will be \$1,000.

- › **If he participates in SaveonSP, he won't pay anything (\$0) out-of-pocket.** His full copay will be paid through a manufacturer copay assistance program, and the copay won't count toward his deductible or out-of-pocket maximum.
- › **If he decides not to participate in SaveonSP, he'll pay his full copay of \$1,000 out-of-pocket.** And the copay John pays won't count toward his deductible or out-of-pocket maximum.

1. SaveonSP is an Express Scripts program, and Express Scripts is now a Cigna company. SaveonSP, Express Scripts and Cigna are working together to better serve you and all of your pharmacy, health and wellness needs.

2. SaveonSP is only available to non-Health Savings Account (HSA) plans. If your plan offers multiple plan options and you'd like to participate, you'll need to select a non-HSA plan during open enrollment. If you select a HSA plan during open enrollment, you won't be eligible for the SaveonSP program.

3. The drug classes, medications and associated copays included in this program are subject to change. Check your plan materials to see which medications are eligible for the SaveonSP program.

4. For illustrative purposes only. Plans may vary.

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MANUFACTURER COUPONS

For your specialty medications.

Specialty medications can cost a lot of money. That's one reason why many people use manufacturer coupons (also called "copay assistance") to help lower the amount of money they pay out-of-pocket for their medications. It's important to know how your plan applies these coupons so you don't have any surprises if you use them when you fill your prescription through Accredo, a Cigna specialty pharmacy.

How your plan applies manufacturer coupons

The value of the manufacturer coupon doesn't count toward your deductible and out-of-pocket maximum.*

Only the amount you pay out of your own pocket, or from a health savings or health reimbursement account, applies.

Use the myCigna® app or website to keep track of your spending

The online tools will help you keep track of how much money you've spent so far and how much money you still need to pay out-of-pocket before you meet your deductible and/or out-of-pocket maximum.**



Is a manufacturer coupon right for you?

It can help you spend less on your prescription. However, it may take you longer to meet your plan's deductible and/or out-of-pocket maximum.

HERE'S AN EXAMPLE OF HOW IT WORKS



Sue uses a manufacturer coupon to help pay for her specialty medication.

She pays:

\$500	copay
- \$450	manufacturer coupon
\$50	amount that counts toward Sue's deductible and/or out-of-pocket maximum



Joe doesn't use a manufacturer coupon to help pay for his specialty medication.

He pays:

\$500	copay
- \$0	manufacturer coupon
\$500	amount that counts toward Joe's deductible and/or out-of-pocket maximum

For illustrative purposes only. Plans may vary.

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*Plan designs vary, so please check your plan documents for the details of your specific plan coverage. **It may take a few days after your covered prescription is processed for our online tools to show the amount you actually paid out-of-pocket, or from a health savings or health reimbursement account, for your specialty medication. At first, both the amount you paid out-of-pocket and any manufacturer coupon you use will be applied to your deductible and out-of-pocket maximum. This means it may look like you've met your deductible and/or out-of-pocket maximum when you really haven't. After a few days, our system will correct your claims and subtract the amount of payment assistance you received to show the correct deductible and out-of-pocket maximum under your plan.

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WHEN LEAVING THE HOUSE IS EASIER SAID THAN DONE.

Get care whenever and wherever with medical and behavioral/mental health virtual care.

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to medical and behavioral/mental health virtual care.

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- › Access care from anywhere via video or phone.
- › Get medical virtual care 24/7/365 – even on weekends and holidays.
- › Schedule a behavioral/mental health virtual care appointment online in minutes.
- › Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- › Have a prescription sent directly to your local pharmacy, if appropriate.

**Convenient? Yes.
Costly? No.**

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Behavioral/mental health virtual care costs the same as an in-office behavioral/mental health visit.

Together, all the way.®



Medical virtual care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- › Acne
- › Allergies
- › Asthma
- › Bronchitis
- › Cold and flu
- › Constipation
- › Diarrhea
- › Earaches
- › Fever
- › Headache
- › Infections
- › Insect bites
- › Joint aches
- › Nausea
- › Pink eye
- › Rashes
- › Respiratory infections
- › Shingles
- › Sinus infections
- › Skin infections
- › Sore throats
- › Urinary tract infections

Behavioral/mental health virtual care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- › Addictions
- › Bipolar disorders
- › Child/adolescent issues
- › Depression
- › Eating disorders
- › Grief/loss
- › Life changes
- › Men's issues
- › Panic disorders
- › Parenting issues
- › Postpartum depression
- › Relationship and marriage issues
- › Stress
- › Trauma/PTSD
- › Women's issues

You have options.

Cigna partners MDLIVE®.*

MDLIVE – medical and behavioral/mental health virtual care.
888.726.3171

Cigna Behavioral Health also provides access to video-based counseling through Cigna's network of providers. To find a provider:

- › Visit **myCigna.com**, go to “Find Care & Costs” and enter “Virtual counselor” under “Doctor by Type”
- › Call the number on the back of your Cigna ID card 24/7



**To talk to a doctor,
or schedule an
appointment online,
go to myCigna.com.**

Medical virtual care is available from MDLIVE. Behavioral/mental health virtual care is available from MDLIVE.

* Availability may vary by location and plan type and is subject to change. See vendor sites for details.

Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

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HAVE YOU SEEN WHAT'S NEW?

Check out the latest enhancements on myCigna.



Easier to navigate. Easier to use.

From programs that help improve your health to tools that help manage your health spending, there's so much you can do on **myCigna.com**. And now, it's easier than ever to manage and make the most of your health plan on the myCigna® website and app.

Featured enhancements on myCigna.

- **Personalized dashboard**
The information that matters most to you is right up front when you log in.
- **ID cards always accessible**
View, print and send ID cards from any page.
- **Messaging tailored to your personal needs**
Get online recommendations for timely actions you can take to help protect your health and save money.
- **A better way to search for providers and costs**
Find quality, in-network providers and compare costs based on your needs.
- **Coverage details are easy to access and understand**
Plan details are in plain language, with one combined view of all your plan information
- **Added layer of security to help protect your health information**
A primary email address is required. Plus, there's a two-step login process.



Log in to
myCigna.com or
the **myCigna** app
to explore the
enhancements
today.

Not registered yet?

Register today by going to myCigna.com or launching the myCigna app and selecting "Register Now."

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ENJOY EASIER SERVICE

Now that your Cigna One Guide team is by your side

Ready to answer all your health plan questions. And so much more.

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide® team is ready and waiting to help. It's our highest level of personal support available.

Simply call us, click-to-chat on **myCigna.com** or use the **myCigna® App**. You'll automatically be connected with a One Guide representative who will help guide you where you need to go.

Helping you save money. And stay healthy. Your Cigna One Guide team can help you:

Understand your plan

- › Learn how your coverage works
- › Get answers to your health care or plan questions

Get care

- › Find an in-network health care provider, lab or urgent care center
- › Connect with health coaches, pharmacists and more
- › Connect with dedicated, one-on-one support for complex health situations

Save and earn

- › Earn incentives (if provided by your employer)
- › Get cost estimates to avoid surprises



Click, call or chat. Your personal guide is ready and waiting to help.

myCigna.com
myCigna App



Together, all the way.®



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Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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HOW CAN WE HELP YOU TODAY?

The Cigna Employee Assistance Program (EAP) has you covered.



As an employee, you have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you

- › **3** face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- › **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.*
- › **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- › **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- › **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- › **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- › **Identity theft:** 60-minute consultation with a fraud resolution specialist.



We're here to listen. Contact us any day, anytime.

Call 1.877.622.4327

Or log in to [myCigna.com](https://mycigna.com).

Employer ID: [summitschooldistrict](https://mycigna.com)
(Needed for initial registration only)

If already registered on [myCigna.com](https://mycigna.com), simply log in and go to the EAP link under the Review My Coverage tab.

Together, all the way.®



*Employment-related legal issues are not covered.

Some work/life services offered under the Cigna Employee Assistance Program may be provided by a Cigna contracted third-party vendor.

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**IT PAYS
TO GET
HEALTHY**

Cigna Motivate Me rewards your healthy actions

Sounds easy, right? It is with the Cigna MotivateMe incentive program. Summit School District's wellness program for the 2021/2022 school year will run through Cigna and its simpler than ever to earn your wellness rewards. For those who participate throughout the year and earn 1000 wellness points. You will earn a custom Summit School District wellness backpack!

You can earn points for participating in a variety of activities including:

- › Health assessment
- › Biometric screenings
- › Annual preventive exams
- › Coaching by phone
- › Volunteering
- › And a variety of other healthy activities

Getting started is easy

Visit myCigna.com and select Incentive Awards Program to:

- › Find detailed instructions on how to get started
 - › View a list of eligible goals and matching rewards
 - › Check and track your completed goals and earned rewards.
- Reasonable alternatives may be available for certain activities. Please refer to program materials for more information

The rest is up to you

For more information or help setting up your account, visit **myCigna.com** or call **800.244.6224**. You can also find information by downloading the myCigna Mobile App for your mobile device.**

** The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



If you are eligible for an incentive as part of your wellness program: For all participants - If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Please refer to your program materials for program and contact information, or contact Cigna at 800.244.6224 and they will work with you and, if you wish, with your doctor.

For participants who may have an impairment - If you are unable to participate in any of the program events, activities or goals because of a disability, you may be entitled to a reasonable accommodation for participation, or an alternative standard for rewards. For worksite accommodations please contact your fund administrator at Cigna customer Service. For accommodations with online, phone or other Cigna programs, please contact Cigna at 800.244.6224.

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PAY \$25 OR LESS FOR A 30-DAY SUPPLY OF INSULIN. EVERY TIME.

Introducing the Patient Assurance ProgramSM.

Managing diabetes isn't easy, but a new program that controls the cost of eligible insulin products makes it more affordable. A 30-day (or one month) supply costs no more than \$25, and a 90-day (or three month) supply costs no more than \$75.¹

Starting in 2020, you may be able to take advantage of the Patient Assurance Program. Eligible customers can use the program by showing their Cigna ID card at the pharmacy when they fill one of the covered insulin products listed below. If you're already using one of the covered insulins, there are no additional steps needed. You can take advantage of this program.²

- › Basaglar
- › Humalog
- › Humulin
- › Levemir

Additional insulin products may be included in the program. If you're currently taking an insulin that is not included in the program, talk with your doctor about whether taking an insulin covered under the program is right for you. Only you and your doctor can decide what's best for you.

QUESTIONS?

Call the number on your Cigna ID card or click to chat at mycigna.com.

Monday to Friday, 9 am–8 pm EST.



Together, all the way.®



1. Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. You may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

2. You may use home delivery services if your plan allows. Refer to your plan materials or call Customer Service to see if you are eligible to use home delivery. Your plan may require you to use home delivery if you fill a 90-day supply of insulin because it's a maintenance medication. Not all insulin medications are covered under this program. If your current insulin is covered and then you change medications, the new insulin may not be covered. It's a good idea to call us if you change medications. We'll look to see if your new insulin is included in the program. Subject to applicable law, Cigna reserves the right to make changes to our formulary (drug list) or this program at any time.

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WINNING WITH AN HSA

Health savings accounts (HSAs)



HSAs: *the new*
RETIREMENT STRATEGY

SAVE NOW AND FOR THE FUTURE



HealthEquity®

HSAs ARE AN EASY WIN

in today's complex healthcare system



How an HSA works

An HSA paired with an HSA-qualified health plan allows you to make tax-free¹ contributions to an account eligible for federal insurance.² Balances earn tax-free interest and can be used to pay for qualified medical expenses. HSA-qualified health plans typically cost less than traditional plans and the money saved can be put into your HSA.

HSAs empower savings:

- Lower monthly health insurance premiums
- Money put into your HSA is not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed
- You can invest your HSA funds for increased tax-free earning potential³

HSA funds remain yours to grow

With an HSA, you own the account and all contributions. Unlike flexible spending accounts (FSAs), the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave your employer.

You can win with an HSA

Regardless of your personal medical situation, an HSA can empower you to maximize savings while building a reserve for the future. Contrary to what many may think, healthy individuals aren't the only users who benefit from an HSA.

¹ HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

² Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

³ Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

HSAs: THE NEW RETIREMENT STRATEGY

Supplement your retirement

The average American couple will need \$301,000¹ to cover out-of-pocket health care costs in retirement. An HSA can help fill this Medicare gap as well as dental, hearing and vision expenses. Qualified medical expenses remain tax-free,² even into retirement. In addition, after age 65, you can use your HSA much like a 401(k) and withdraw funds for any purpose.³

Invest⁴ your HSA to maximize your tax-free earning potential

Once your account balance reaches a minimum threshold (based on your account configuration determined by your employer or health plan), you can increase your earning potential by investing any funds over that amount in mutual funds. A comprehensive line-up of mutual funds is offered with options designed to fit your individual needs.

Take the guesswork out of investing with Advisor[™] (Powered by: HealthEquity ADVISORS, LLC)

You can manage investments on your own or let Advisor⁵ do all of the work. Advisor powered by HealthEquity Advisors, LLC can provide web-based guidance designed to diversify your portfolio and can even manage the trading of mutual funds for you. Investment advice and portfolio management is based on your personal risk preferences, age and financial goals. Additional fees apply.



For more information about investing with Advisor, visit:
HealthEquity.com/Advisor

¹ The average American couple will need \$301,000 to have a 90 percent chance of having enough money to cover out-of-pocket health care costs in retirement. Based on median prescription drug expenses. Source: Employee Benefit Research Institute (<https://www.ebri.org/publications/research-publications/issue-briefs/content/savings-medicare-beneficiaries-need-for-health-expenses-in-2019>)

² HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

³ After age 65, if you withdraw funds for any purpose other than qualified medical expenses, you will be subject to income taxes. Funds withdrawn for qualified medical expenses will remain tax-free.

⁴ Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

⁵ Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. HealthEquity, Inc. does not provide financial advice. HealthEquity Advisors, LLC[™], a wholly owned subsidiary of HealthEquity, Inc. and an SEC-registered investment adviser, does provide web-based investment advice to HSA holders that subscribe for its services (minimum thresholds and additional fees apply). HealthEquity Advisors, LLC also selects the mutual funds offered to HSA holders through the HealthEquity, Inc. platform. Registration does not imply endorsement by any state or agency and does not imply a level of skill, education, or training. HSA holders making investments should review the applicable fund's prospectus. Investment options and thresholds may vary and are subject to change. Consult your advisor or the IRS with any questions regarding investments or on filing your tax return.

GET STARTED WITH AN HSA TODAY

1 Select an HSA-qualified health plan

Enroll in an HSA-qualified plan. These plans typically cost less than traditional plans and provide tax saving opportunities. HealthEquity will set up your account and supply a HealthEquity® Visa® Health Account Card¹ to conveniently pay for eligible expenses.

2 Add money to your HSA

Fund your HSA through pre-tax payroll deductions or transfer money into your account through the HealthEquity member portal. To take full advantage of tax savings and to build a reserve for the future, consider maximizing your contributions as set by the IRS:

HSA eligibility

To make tax-free² contributions to an HSA, the IRS requires that:

- you are covered by an HSA-qualified health plan.
- you have no other health coverage (such as other health plan, Medicare, military health benefits, medical FSAs).
- you cannot be claimed as a dependent on another person's tax return.

HSA CONTRIBUTION LIMITS

2020 **INDIVIDUAL**
\$3,600

2021 **INDIVIDUAL**
\$3,600

2020 **FAMILY**
\$7,100

2021 **FAMILY**
\$7,200

At age 55, an additional
\$1,000 is allowed annually.

¹ This card is issued by The Bancorp Bank; member FDIC pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

² HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

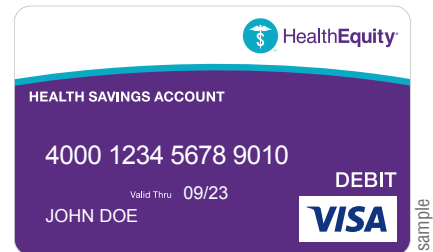
3 Watch your HSA grow

Your HSA earns tax-free¹ interest. Maximize your tax-free earning potential by investing HSA funds using the convenient online investment tool.²

4 Use your HSA for qualified medical expenses

HSA funds can be used for a variety of qualified medical, dental and vision expenses, including:

- Acupuncture
- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- Fertility enhancement
- Hearing aids
- Lab work
- Medical supplies
- Physical exams
- Prescriptions
- Orthodontia
- Radiology
- Stop-smoking programs
- Surgery (non-cosmetic)
- Therapy
- and more...



You will receive a HealthEquity debit card³ for easy access to your funds.



For an expanded list of qualified medical expenses, visit:
HealthEquity.com/qme

¹ HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

² Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

³ HealthEquity® Visa® Health Account Card is issued by The Bancorp Bank; member FDIC pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

YOU CAN WIN WITH AN HSA

An HSA can benefit Americans from all walks of life and empower savings now and for the future. Contrary to popular belief, you do not have to be healthy or wealthy to benefit from an HSA – just wise! To see how different types of healthcare consumers win, see the link below.

See how you can personally benefit from an HSA:
HealthEquity.com/Me

SAVER



SHOPPER



SURVIVOR



MINIMALIST



Who are you?

Account mentors

HealthEquity team member
Salt Lake City, Utah

**We are available to help,
every hour of every day**

We understand the significance of your benefits selection. Our team of specialists based in Salt Lake City is available 24 hours a day, providing you with insight to help you optimize your health savings account. Call today.

866.346.5800

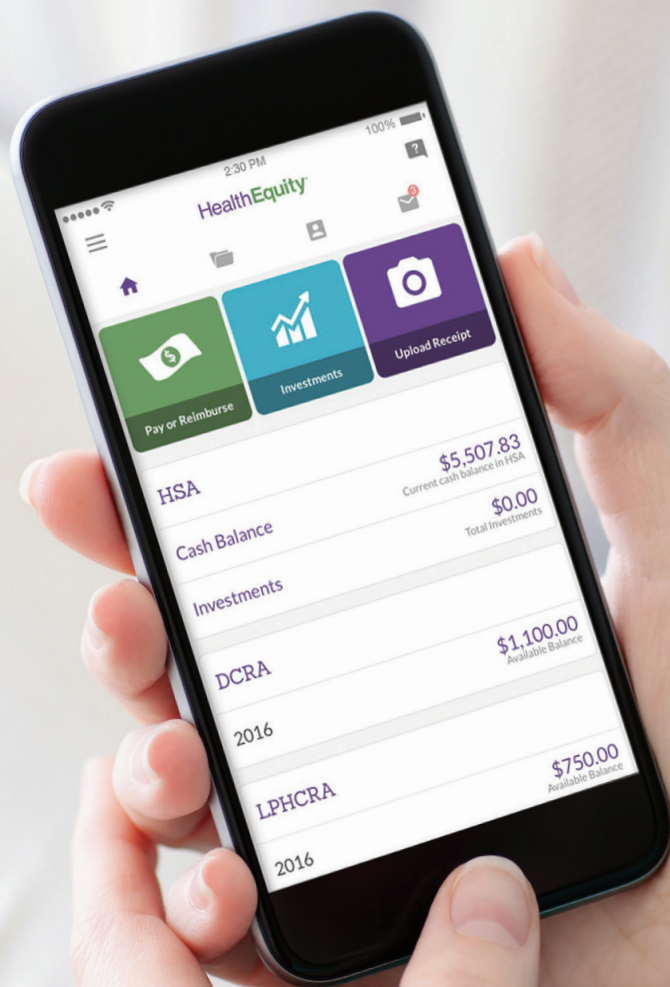
HealthEquity.com/HSAlearn

EASY ACCESS to your ACCOUNT WHEREVER you are.



HealthEquity mobile app¹
available for FREE at:

- Apple® App Store®
- Google Play™



¹ Accounts must be activated via the HealthEquity website in order to use the mobile app.



HealthEquity®

15 West Scenic Pointe Drive
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Non-Int_Winning_with_HSAs_Jan_2020

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GET MORE PROTECTION FOR THE UNEXPECTED

Cigna Accidental Injury Insurance

An accident can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Cigna Accidental Injury insurance is important.

Additional financial protection for covered accidents

Cigna Accidental Injury insurance pays you (or whoever you designate) for treatments or injuries resulting from a covered accident. It can help you pay for expenses such as rehabilitation, transportation, child care, travel or other out-of-pocket expenses. What you do with the money is all up to you. Coverage continues after your first covered accident and can help provide protection for future covered accidents.

Choose the coverage that works best for you and your family. Your monthly cost will depend on the level of coverage you choose.

Why sign up for Cigna Accidental Injury insurance?

- › **Cost-effective.** You can sign up for this coverage at economical group rates, which means you may pay less for your coverage.
- › **Convenient.** We make it easy. No copays, deductibles, coinsurance or network requirements to worry about and your insurance premiums can be deducted from your paycheck.
- › **Portable.** You can take your coverage with you if you leave your employer – benefits won't change if you port your coverage.*

* Under most plans, coverage is portable and ends at age 100. Review your plan documents for details.

Consider this – In the U.S.:¹



1 in 8 Americans are treated for accidents every year.



Accidents can happen at any time. Every **2 seconds** at home. Every **7 seconds** at work. And every **7 seconds** on the road.

Together, all the way.®



Offered by: Life Insurance Company of North America or Cigna Life Insurance Company of New York

Value-added programs and services

At Cigna, our product solutions offer real value to you and your family from day one. Whether you're – healthy, sick, injured, facing a life-changing event or financial challenges – Cigna is here to provide assistance and support. With your Cigna plan, you and your household members have access to a suite of programs and services for use at any time at no additional cost.

**To learn more about Cigna
Accidental Injury insurance,
call 800.754.3207.**

How to file a claim

You can find claim forms in the “Find Forms” section on Cigna.com. If you need help, or have questions, call us at **800.754.3207**. Please remember:

- › Always seek appropriate medical attention immediately.
- › Call Cigna to start your claim.

To file a claim, make sure you have:

- › Personal information – Including your date of hire and Social Security number.
- › Employer information – Your employer's name, address and phone number.
- › Doctor information – Name, address and phone number of each.



1. National Safety Council, “Industry Facts.” 2015 Edition.

2. These programs are NOT insurance and do not provide reimbursement for financial losses. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.

GROUP ACCIDENTAL INJURY (INDEMNITY) INSURANCE POLICIES PAY LIMITED BENEFITS ONLY. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE “MINIMUM ESSENTIAL COVERAGE” OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group accident indemnity insurance policies may contain exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America and Cigna Life Insurance Company of New York (New York, NY). Policy forms: GAI-00-1000; GAI-00-1000.0R. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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UNEXPECTED CRITICAL ILLNESS CAN BE COSTLY

Cigna Critical Illness Insurance

Being diagnosed with a critical illness can happen to anyone at any time. Even with medical coverage, out-of-pocket expenses can quickly add up. That's why having Cigna Critical Illness insurance is important.

Additional financial protection

Cigna's Critical Illness insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered critical illness – so you can focus on getting better. Cigna Critical Illness insurance pays you (or whoever you designate) a lump-sum benefit for diagnosis of a covered critical illness or specified event like a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care or treatment options not covered by traditional insurance. What you do with the money is up to you. Your plan may also include protection for future covered critical illnesses.¹

Choose the coverage that works best for you and your family. Your monthly cost will depend on the level of coverage you choose.

Why sign up for Cigna Critical Illness insurance?

- ▶ **Additional financial protection.** When you or your family needs it the most to help with out-of-pocket expenses.
- ▶ **Cost-effective.** You can sign up for this coverage at economical group rates, which means you may pay less for your coverage.
- ▶ **Convenient.** We make it easy. No copays, deductibles, coinsurance or network requirements to worry about and your insurance premiums can be deducted from your paycheck.
- ▶ **Portable.** You can take your coverage with you if you leave your employer – benefits won't change if you port your coverage.*

* Under most plans, coverage is portable and ends at age 100. Review your plan documents for details.

Consider this:



Every **40 seconds** a stroke occurs in the U.S.²



Every **four minutes**, someone dies of stroke in the U.S.³



Every year about **735,000** Americans have a heart attack.⁴

Together, all the way.®



Offered by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

Value-added programs and services

At Cigna, our product solutions offer real value to you and your family from day one. Whether you're – healthy, sick, injured, facing a life-changing event or financial challenges – Cigna is here to provide assistance and support. With your Cigna plan, you and your household members have access to a suite of programs and services for use at any time at no additional cost.

**To learn more about Cigna
Critical Illness insurance,
call 800.754.3207.**

How to file a claim

You can find claim forms in the “Find Forms” section on Cigna.com. If you need help, or have questions, call us at **800.754.3207**. Please remember:

- › Always seek appropriate medical attention immediately.
- › Call Cigna to start your claim.

To file a claim, make sure you have:

- › Personal information – Including your date of hire and Social Security number.
- › Employer information – Your employer's name, address and phone number.
- › Doctor information – Name, address and phone number of each.

1. A separation period between the dates of diagnosis applies and depending on plan, may be limited to a subsequent and different condition.

2. American Stroke Association, “Heart Disease, Stroke and Research Statistics At-a-Glance.” July 2015.

3. Mozzafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics – 2015 Update: a report from the American Heart Association. Circulation. 2015;131:e29-e322.

4. CDC, “Heart Disease Facts.” 2015.

5. These programs are NOT insurance and do not provide reimbursement for financial losses. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.

GROUP CRITICAL ILLNESS INSURANCE POLICIES PAY LIMITED BENEFITS ONLY. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE “MINIMUM ESSENTIAL COVERAGE” OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policies may be continued in force or discontinued. For costs and complete details of coverage, see your plan documents.

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ADDITIONAL PROTECTION FOR THE UNEXPECTED.

Cigna Hospital Care Insurance

A hospital stay can happen at any time, and it can be costly. Cigna Hospital Care can help you and your loved ones have additional financial protection. We can help cover these unexpected events – so you can focus on getting better.

How Cigna Hospital Care can help

How would you pay for a hospital stay? Even with medical coverage, out-of-pocket costs can add up. But with Cigna Hospital Care, you receive a check after a qualified hospitalization¹ resulting from a covered injury or illness. You can use the money however you'd like². For example, it can help you pay for expenses related to child care, travel, or other out-of-pocket expenses. There are no copays, deductibles, coinsurance, or network requirements. And benefits aren't reduced because you receive a payment from any other coverage you have, such as medical, accidental injury or critical insurance.

The average inpatient hospital stay in the U.S.

- › Costs \$2,271 per day³
- › Lasts 6.1 days⁴

With nearly 3/4 of Americans living paycheck-to-paycheck,⁵ these expenses can be difficult to handle. Cigna Hospital Care insurance can help.

Additional financial protection to fit your needs

Cigna Hospital Care pays benefits for hospitalizations resulting from a covered injury or illness. Coverage continues after the first hospitalization, to help you have protection for future hospital stays.

Choose the protection that works best for yourself or your family. Your monthly cost will depend on the level of coverage you choose.

Why sign up for Cigna Hospital Care?

- › **Additional financial protection.** Protection for you and your family when you need it most.
- › **Cost-effective.** You can sign up for this coverage at economical group rates, which means you may pay less for your coverage.
- › **Convenient.** We make it easy. Your insurance premiums can be deducted from your paycheck.
- › **Portable.** You can take your coverage with you if you leave your employer – benefits and rates won't change if you port your coverage.*

* Under most plans, coverage is portable and ends at age 100. Review your plan documents for details.

Together, all the way.®



Offered by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

Value-added programs and services

At Cigna, our product solutions offer real value to you and your family from day one. Whether you're – healthy, sick, injured, facing a life-changing event or financial challenges – Cigna is here to provide assistance and support. With your Cigna plan, you and your household members have access to a suite of programs and services for use at any time at no additional cost.

To learn more about Cigna Hospital Care, call 800.754.3207.

How to file a claim

You can find claim forms in the “Find Forms” section on Cigna.com. If you need help, or have questions, call us at 800.754.3207. Please remember:

- › Always seek appropriate medical attention immediately.
- › Call Cigna to start your claim.

To file a claim, make sure you have:

- › Personal information – Including your date of hire and Social Security number.
- › Employer information – Your employer's name, address and phone number.
- › Doctor information – Name, address and phone number of each doctor you're seeing for this accident or injury.



1. Benefits may be paid directly to the hospital upon assignment.
2. The term “Hospital” does NOT include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addicts or alcoholics; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.
3. Kaiser Family Foundation. “2015 Hospital Adjusted Expenses per Inpatient Day.”
4. National Center for Health Statistics, “Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities.” May 2016.
5. American Payroll Association, “Getting Paid in America Survey.” 2017.
6. These programs are NOT insurance and do not provide reimbursement for financial losses. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.

GROUP HOSPITAL CARE (INDEMNITY) INSURANCE POLICIES PAY LIMITED BENEFITS ONLY. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE “MINIMUM ESSENTIAL COVERAGE” OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. Benefit waiting periods may apply. For costs and complete details of coverage, contact your Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America and Cigna Life Insurance Company of New York (New York, NY). Policy forms: GHIP-00-1000, GHIP-00-1000.0Ra. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

Universal Life can help.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a benefit amount that provides the **right protection for you**.

Universal Life insurance can mean those left behind can still pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 policy
30	from \$5.06 - \$6.27
40	from \$7.42 - \$9.44
50	from \$11.92 - \$15.44

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.



Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC) benefit** that can help pay for these services at any age.

Here's how it works:

4%

You can **collect 4% of your Universal Life benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x

PLUS: If you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA, where the LTC benefit is Long-Term Care Insurance.) It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Benefits may not be available in all states or may be named differently. Your policy will contain complete details.

Universal Life is **flexible permanent** life insurance designed to last a lifetime.

The younger you are when you enroll, the **more benefit** you receive for the same premium.

No medical exams or blood work – just answer a few simple questions.

See reverse for more information on Universal Life insurance from Trustmark Insurance Company.



What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?



56% of Americans have less than \$10,000 saved for retirement - 1 in 3 have \$0 saved. Wouldn't it be nice to have some protection?

What can Universal Life benefits help pay for?



Funeral and burial costs



Rent or mortgage payments



Tuition and loans



Credit card bills



Medical expenses



Retirement savings

Benefit for terminal illness

- Use part of your death benefit if you're diagnosed with a terminal illness to help manage costs.

Additional advantages

- Keep your coverage at the same price and benefits if you change jobs or retire.
Apply for coverage for family members: spouse, children and grandchildren.
Convenient payroll deduction; pay via direct bill, bank draft or credit card if you leave your employer.

Plus: grow your benefit with EZ Value

The EZ Value option can automatically increase your benefit amount over time - without any medical questions.



Example is for age 40, employee only, non-smoker coverage, with long-term care benefit and no additional features. Actual values will vary by age, smoking status, benefits selected and interest rates. Increases may be available for a maximum of 5 or 10 years, depending on employer selection.

You care. We listen.

This is a brief description of benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, exclusions, form numbers and limitations may vary by state. This policy guarantees against lapsing for 10 years as long as planned premiums are paid.

12016 Insurance Barometer Study LIMRA/Life Happens, lifehappens.org/industryresources/agent/barometer2016. 2nielsen.com/us/en/insights/news/2015/saving-spending-and-living-paycheck-to-paycheck-in-america.html. 3gobankingrates.com/retirement/1-3-americans-0-saved-retirement. 5 An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations.

Underwritten by Trustmark Insurance Company
Rated A- (EXCELLENT) A.M. Best
trustmarksolutions.com



PREPARE TODAY TO HELP PROTECT TOMORROW.

Cigna Disability Insurance

For many people, every paycheck counts. What would happen to your bills, your savings and your lifestyle if you couldn't work? You can help protect your financial future with disability insurance in case you get a covered illness or injury that keeps you from earning a living.

Cigna disability insurance pays a portion of your paycheck when you become disabled and can't work for a period of time due to a covered illness or injury. When you think about it, it's kind of like having insurance for some of your paycheck. Disability doesn't always mean a serious handicap. A disability is considered an illness or injury that prevents you from earning your salary.

How does it work?

With disability insurance, you'll receive a percentage of your salary for a specified period of time, after you meet any applicable waiting period(s). Payments may come directly to you or someone you designate and can be spent any way you like – just like you would use your paycheck. For example, it can help you pay for:

- › Planned expenses like groceries, mortgage or utilities.
- › Unplanned expenses like medical bills.

Why is it important?

Disability insurance can pay you benefits if you suffer a covered disability – so you can have one less thing to worry about and can focus on getting healthy. When you are ready to return to your job, Cigna also offers extensive return-to-work and vocational coaching services to help you get back to work safely.

Consider this

- › **Nearly 3/4** of Americans live paycheck-to-paycheck¹
- › **More than one in four** 20-year-olds in the U.S. will become disabled before reaching retirement age²
- › **Over 60%** of disabled Americans are working age³

Anytime support with easy-to-use programs and resources

With Cigna disability insurance, employees and their families have access to a suite of programs and services, available from day one.

- › **Healthy Working Life®.** Vocational services designed to help you overcome barriers in performing your job and reduce the risk of a disability event, or help you return to work and life after a disability occurs.
- › **Cigna.com/workwellness.** Valuable online resource for you and your family to learn about disability, staying healthy at work, returning to work and programs for healthy living.

Value-added programs and services⁴

At Cigna, our product solutions offer real value to you and your family from day one. Whether you're – healthy, sick, injured, facing a life-changing event or financial challenges – Cigna is here to provide assistance and support. With your Cigna plan, you and your household members have access to a suite of programs and services for use at any time at no additional cost.

How to file a claim

Contact your employer on, or before, your first day out of work. Tell them when and for how long you plan to be out. If you know you'll be out for more than seven days in a row, call Cigna at **800.36.Cigna (24462)**. Make sure you call before your seventh day out of work. We'll start reviewing your claim. If your plan allows for coverage before seven days, report your claim as soon as possible.

Together, all the way.®



Offered by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

You can file your claim by phone or online



Call toll-free **800.36.Cigna (24462)** or **866.562.8421** (Español) between 7:00 am and 7:00 pm, CST. A representative will walk you through the process.



Fill out a claim form online at **Cigna.com/customer-forms** using the following steps:

- › Select “Disability/Accident/Life/Critical Illness/Hospital Care Forms”
- › Click “Submit a Disability Claim” – this will bring you to the Fraud Warning page
- › Review and click “Continue” at the bottom of the page
- › A pop-up box will appear that says “Hit the continue button if you have read the above fraud language and wish to continue to file a claim”
- › Click “Continue”
- › Click “Submit a disability claim online” to begin



Questions?

Call **[800.36.Cigna (24462)]** or **[866.562.8421]** (Español) to speak with a customer service representative.

You can also **chat live** with a Cigna representative on **myCigna.com**.

Information you'll need

Before you call or go online, make sure you have this information handy.

- › **Personal information**, such as your name, address, phone number, birth date, Social Security number and email address
- › **Employment information**, such as employer's name, email address, date of hire and job title
- › **The reason for your claim** – illness, injury or pregnancy
- › **Description of your illness**, symptoms and/or diagnosis – including the date your symptoms first appeared and if you've had these symptoms before
- › **Workers' compensation claims** you've filed or plan to file
- › **Details about doctor, hospital or clinic visits**, including dates and contact information
- › **Direct deposit** – You can have your weekly/monthly benefit payments deposited directly into your checking or savings account.

1. American Payroll Association, “2017 Getting Paid in America Survey.”

2. Social Security Administration, “The Facts about Social Security's Disability Program.” January 2017.

3. United States Census Bureau, “Disability Characteristics, 2016 American Community Survey.” September 2017.

4. **These programs are NOT insurance and do not provide reimbursement for financial losses.** Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction of benefits, and terms under which the policies may be continued in force or discontinued. For costs and complete details of coverage, contact your Cigna representative. Policy form: TL-004700 et al.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America and Cigna Life Insurance Company of New York (New York, NY). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



The Coverage They Need The Way You Want

There are many reasons why more pet parents today are covering their pets with ASPCA® Pet Health Insurance. Most of all, they want to make sure they'll have financial support if their pet is sick or hurt. That way, they can give their pets the best care possible without worrying about the cost. Let us help you find the perfect plan for you and your pet.

Complete CoverageSM

With ASPCA Pet Health Insurance, you can choose the care you want when your pet is hurt or sick and take comfort in knowing they have coverage.

EXAM FEES, DIAGNOSTICS, AND TREATMENTS

- Accidents
- Illnesses
- Hereditary Conditions
- Cancer
- Dental Disease
- Behavioral Issues

CUSTOMIZABLE OPTIONS

Annual Limit - from \$5,000 to unlimited.

Reimbursement Percentage - 90%, 80%, or 70% of your vet bill.

Deductible - select \$100, \$250, or \$500. You'll only need to satisfy it once per 12-month policy period.

Add Preventive Care - Get reimbursed scheduled amounts for things that protect their pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes care for accidents.

SIMPLE TO USE

Just pay your vet bill, submit claims, and get reimbursed! You're free to visit any vet, specialist, or emergency clinic you want, and you can choose to receive reimbursement by direct deposit or mail.

SAVE WITH YOUR DISCOUNT!

Get your customized quote and enroll today!

www.aspcapetinsurance.com/Summit | 1-877-343-5314

YOUR PRIORITY CODE: EB19SUMMIT

**ASPCA® PET HEALTH
INSURANCE**

PETS ARE DEPENDENTS, TOO.

*Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit www.aspcapetinsurance.com/terms. Current customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates, and discounts may vary and are subject to change. The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by the United States Fire Insurance Company, produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. Crum & Forster Pet Insurance Group™ is a trademark of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2018. U0718-WELCOME1



Help protect yourself with the most powerful, comprehensive identity theft protection available today

Identity Guard combines the best of traditional identity theft monitoring solutions, with the powerful processing of IBM Watson technology.

We are constantly scanning billions of online sources to assess your risk and suggest ways to reduce your exposure.

Did You Know?



ID theft happens **every two seconds**²

Account takeover fraud **tripled in 2018**³

16.7M victims in 2017¹

Personal Cybersecurity to Alert You to:

- 1** Personal habits that put you at greater risk than the average person
- 2** Threats due to companies getting hacked and losing your personal information, phishing scams, and more
- 3** Your personal information being used to open new accounts and access existing accounts

We Work Around the Clock to Help Protect You

Dedicated Support:

Makes a stressful situation as easy as possible to resolve.

\$1 Million Insurance with Stolen Funds Reimbursement:¹

You are covered from any losses or stolen funds.

Cover the Entire Household:

Family plans cover all adults and children residing within your household.

Leading Technology:

Alerts in as few as three seconds, billions of pieces of information monitored, and IBM Watson artificial intelligence (AI) technology.

¹ 2016 Cost of Data Breach Study, Ponemon Institute

² 2014 Identity Fraud Study, Javelin Strategy & Research

³ 2018 Javelin Strategy & Research, ID Fraud Study, sponsored by Identity Guard

The Essential Employee Benefit

Choose the plan that works best for you.

PREMIER

All Plans Include

IBM Watson AI	✓
\$1 Million insurance with stolen funds reimbursement ¹	✓
U.S.-based customer care	✓
Risk management score	✓
Online identity dashboard	✓
Mobile application	✓

We'll Alert You Of

Your personal information on the dark web	✓
High-risk transactions like account takeovers and tax refunds	✓
Potential threats detected by IBM Watson AI	✓
Requests to open checking or savings accounts with your information	✓
Monthly credit score ²	✓
3-bureau credit changes	✓
Bank account takeovers	✓
3-bureau credit report	✓

Additional Tools for Protection

Anti phishing mobile app	✓
Safe browsing extension	✓
Social insight report	✓

Family Plan Additional Features

Your child's information on the dark web	✓
Cyberbullying on social media	✓

PREMIER

Plan Pricing

Just Yourself	\$11.00 / month
You and Your Family	\$19.00/ month

To learn more, go to: identityguard.com

¹ Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

² The score you receive with Identity Guard is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your TransUnion credit file. Lenders use many different credit scoring systems, and the score you receive with Identity Guard is not the same score used by lenders to evaluate your credit.





Health Plan Annual Notices for



For the Plan Year: September 1, 2021 – August 31, 2022

Summit School District Re-1 Cigna Medical Benefit Plans

Enclosed are our health plan's Annual Notices. You and your dependents should read each notice very carefully as they outline important benefits, terms and limitations that apply to our health plan. Should you have any questions after reviewing each notice, you should contact your Human Resources Department.

Notice # 1: Annual Health Plan Notices

Notice# 2: Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

Notice # 3: COBRA Continuation Coverage Rights

Notice # 1: Annual Health Benefits Plan Notices

IMPORTANT NOTICE: HOW TO OBTAIN A NOTICE OF HIPAA PRIVACY PRACTICES

As a reminder, HIPAA requires our health plan to have a written policy of our privacy practices. You may obtain a notice of our Privacy Practices at any time simply by contacting Human Resources.

INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources at 970-368-1005.

GENETIC INFORMATION NONDISCRIMINATION ACT ("GINA") WELLNESS PROGRAM NOTICE

Summit School District's Wellness Program is a voluntary wellness program available to all employees' spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

However, when a spouse chooses to participate in the wellness program, the employee will receive an incentive of a deductible reimbursement based on plan type (\$500 individual, \$1,000 family) for reaching the deductible, completing a Health Risk Assessment and biometric screening (Spouses only have to complete the HRA; Children do not have to complete either). Although you are not required to complete the HRA or participate in the biometric screening, the deductible reimbursement being doubled is only provided to employees whose spouses participate in Health Risk Assessment.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as coaching. You also are encouraged to share your results or concerns with your own doctor.

INITIAL NOTICE OF THE PLAN'S PREEXISTING CONDITION LIMITATION AND PROCEDURE TO REQUEST CERTIFICATE OF CREDITABLE COVERAGE.

Preexisting Condition Limitations do not apply under these Plans.

GENETIC INFORMATION NONDISCRIMINATION ACT (“GINA”) WELLNESS PROGRAM NOTICE

Summit School District’s Wellness Program is a voluntary wellness program available to all employees’ spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

However, when a spouse chooses to participate in the wellness program, the employee will receive an incentive of a deductible reimbursement based on plan type (\$500 individual, \$1,000 family) for reaching the deductible, completing a Health Risk Assessment and biometric screening (Spouses only have to complete the HRA; Children do not have to complete either). Although you are not required to complete the HRA or participate in the biometric screening, the deductible reimbursement being doubled is only provided to employees whose spouses participate in Health Risk Assessment.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as coaching. You also are encouraged to share your results or concerns with your own doctor.

INITIAL NOTICE OF THE PLAN’S PREEXISTING CONDITION LIMITATION AND PROCEDURE TO REQUEST CERTIFICATE OF CREDITABLE COVERAGE.

Preexisting Condition Limitations do not apply under these Plans.

WOMEN’S HEALTH AND CANCER RIGHTS ACT (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy- related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

The Women's Health Act of 1998 requires us to notify you that our plans provide benefits for certain breast reconstruction procedures related to a mastectomy. If you elect coverage under the medical plan and you or any covered family member require breast reconstruction related to a mastectomy, benefits will be provided for:

Reconstruction of the breast on which the mastectomy was performed;
Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.
Any deductible, copayments or other plan requirements that normally apply to surgical procedures covered by your health plan will also apply to these procedures.

If you would like more information on WHCRA benefits, call Human Resources at 970-368-1005.

UNIFORMED SERVICES EMPLOYMENT & REEMPLOYMENT RIGHTS ACT (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was enacted in 1994 following U.S. military action in the Persian Gulf. USERRA prohibits discrimination against individuals on the basis of membership in the uniformed services with regard to any aspect of employment. Since its enactment, USERRA has been modified and expanded by additional federal laws, such as the Veterans Benefits Improvement Act of 2008 (2008 Act). Please contact Human Resources for additional details about USERRA.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 "WELLSTONE ACT"

Under the Wellstone Act, large group health plans (i.e., employers who employ 51 or more employees) that choose to offer mental health and substance abuse benefits under their health plan are not allowed to set annual or lifetime dollar limits, nor office visit or inpatient day limits on mental health and substance abuse benefits that are lower than any other limits imposed by the medical plan for other medical and surgical benefits. In addition, the group health plan must provide the same out-of-network coverage for mental health and substance abuse coverage that is available for out-of-network medical and surgical benefits.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORNS' ACT)

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal Law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers, may not, under Federal Law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours for a vaginal birth (or 96 hours for cesarean).

MEDICARE PART D NOTICE OF CREDIBLE COVERAGE
NOTE: ONLY APPLIES TO INDIVIDUALS ALSO ENROLLED IN MEDICARE

**Important Notice from Summit School District Re-1
About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Summit School District Re-1 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Summit School District Re-1 has determined that the prescription drug coverage offered by the Cigna OAP Healthy Measures Plan and the HSA Plan are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are therefore both considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current Summit School District Re-1 coverage will not be affected.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

QUESTIONS ABOUT THE ABOVE NOTICE? CONTACT HUMAN RESOURCES:

Date:	September 1, 2021
Name of Entity/Sender:	Summit School District Re-1
Contact--Position/Office:	Human Resources
Address:	150 School Road, Frisco, CO 80443
Phone Number:	(970) 368-1005

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid & CHP+
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hipp/>
Phone: (877) 438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone (800) 457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <http://dhs.iowa.gov/ime/members>
Medicaid Phone: (800) 338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: (800) 257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>
Phone: (800) 792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: (855) 459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: (877) 524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
Medicaid Hotline Phone: (888) 342-6207
LaHIPP Phone: (855) 618-5488

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: (800) 442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: (800) 977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: (800) 862-4840

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: (800) 657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: (573) 751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: (800) 694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: (800) 992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: (603) 271-5218
Toll free number for the HIPP program: (800) 852-3345 ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: (609) 631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: (800) 701-0710

NEW YORK – Medicaid

Website: http://www.health.ny.gov/health_care/medicaid/
Phone: (800) 541-2831

NORTH CAROLINA – Medicaid

Website: <http://medicaid.ncdhhs.gov/>
Phone: (919) 855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: (844) 854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: (888) 365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: (800) 699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: (800) 692-7462

MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Notice # 3: COBRA Continuation Coverage Rights

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Human Resources.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Date:	September 1, 2021
Name of Entity/Sender:	Summit School District Re-1
Contact--Position/Office:	Human Resources
Address:	150 School Road, Frisco, CO 80443
Phone Number:	(970) 368-1005

This benefit summary prepared by:



For:



150 School Road | Frisco, CO 80443 | www.summitk12.org

